

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		(1)		/			54						
5		(1)		/			55						
6		(1)		/			56						
7	/		/				57						
8		/		/			58						
9		(1)		(1)			59						
10		(1)		(1)			60						
11		(1)		(1)			61						
12		(1)		(1)			62						
13		(1)		(1)			63						
14	/		/				64						
15		/		/			65						
16		2		1			66						
17		(1)		(1)			67						
18		(1)		(1)			68						
19		(1)		(1)			69						
20			/				70						
21				(1)			71						
22				/			72						
23				/			73						
24							74						
25							75						
26							76						
27							77						
28							78						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						